

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580,361

FILING DATE

5/23/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		①				
3		①				
4						
5						
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7						
8						
9		①				
10						
11						
12		①				
13		①				
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15		①				
16		①				
17		①				
18		①				
19		①				
20						
21		①				
22		①				
23		①				
24						
25		①				
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27		①				
28		②				
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	25	←	24	←		←
TOTAL CLAIMS	29		28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						